

DECLARATION FOR PATENT APPLICATION

English Language Declaration

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Structures And Methods For Intergration Of UltraLow-k Dielectrics With Improved Reliability

the specification of which

☒ [X] is attached hereto.

☐ [] was filed on _____, as United States Patent Application Serial No. TBA or PCT International Application Number [], and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| | | | | Priority Claimed | |
|-------------------|-----------|------------------------|------------------------------|------------------------------|--|
| (Application No.) | (Country) | (Day/Month/Year Filed) | YES | NO | |
| (Application No.) | (Country) | (Day/Month/Year Filed) | YES | NO | |
| | | | <input type="checkbox"/> [] | <input type="checkbox"/> [] | |
| (Application No.) | (Country) | (Day/Month/Year Filed) | YES | NO | |

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

| | |
|-----------------------------------|------------------------|
| _____ (Application Serial No.) | _____ (Filing Date) |
| _____ (Application Serial No.) | _____ (Filing Date) |
| _____ (Application Serial No.) | _____ (Filing Date) |

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| | | |
|-----------------------------------|-----------------------------|---|
| _____ (Application Serial No.) | _____ (U.S. Filing Date) | _____ (Status) (patented, pending, abandoned) |
| _____ (Application Serial No.) | _____ (U.S. Filing Date) | _____ (Status) (patented, pending, abandoned) |
| _____ (Application Serial No.) | _____ (U.S. Filing Date) | _____ (Status) (patented, pending, abandoned) |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: *(list name and registration number)*

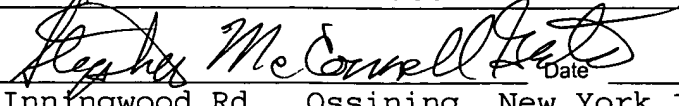
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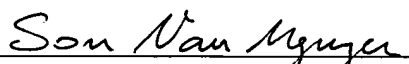
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Full name of fifth joint inventor (if any) _____
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